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| <h2 style="margin: 0;">UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</h2> <p style="font-size: small; margin: 5px 0;">(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))</p> | Attorney Docket No. <b>BBM-103US</b> |
| First Inventor <b>Aleandro DiGianfilippo et al.</b>   |                                      |
| Title <b>PHARMACEUTICAL COMPOUNDING SYSTEMS AND METHODS AND INFORMATION MANAGEMENT SYSTEM FOR SAME</b>  |                                      |
| Express Mail Label No. <b>EV 321472410 US</b>   |                                      |

19270 U.S. PTO  
10/7/2003



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| <h3 style="text-align: center; margin: 0;">APPLICATION ELEMENTS</h3> <p style="font-size: x-small; margin: 0;">See MPEP chapter 600 concerning utility patent application contents.</p>   | <h3 style="margin: 0;">ADDRESS TO:</h3> <p style="font-size: x-small; margin: 0;">Mail Stop Patent Application<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450</p>   |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <span style="border: 1px solid black; padding: 2px 5px;">64</span> ]<br/><i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings ( if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C.113) [Total Sheets <span style="border: 1px solid black; padding: 2px 5px;">100</span> ]</p> <p>5. Oath or Declaration [Total Pages <span style="border: 1px solid black; padding: 2px 5px;"> </span> ]</p> <p style="font-size: x-small;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p style="font-size: x-small;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d))<br/><i>(for a continuation/divisional with Box 18 completed)</i></p> <p style="font-size: x-small;">i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (<i>if applicable, all necessary</i>)</p> <p style="font-size: x-small;">a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p style="font-size: x-small;">b. Specification Sequence Listing on:</p> <p style="font-size: x-small;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p style="font-size: x-small;">ii. <input type="checkbox"/> paper</p> <p style="font-size: x-small;">c. <input type="checkbox"/> Statements verifying identity of above copies</p> |
| <h3 style="text-align: center; margin: 0;">ACCOMPANYING APPLICATIONS PARTS</h3> <p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>check in the amount of \$828.00</u></p>  |   |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation   
  Divisional   
  Continuation-in-part (CIP)   
 of prior application No: 10 / 335,552  
 Prior application information   
 Examiner              
 Group / Art Unit: 2171

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

### 19. CORRESPONDENCE ADDRESS

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|-------------------|---------------------|-----------------------------------|------------------|
| Name (Print/Type) | Jacques L. Etkowicz | Registration No. (Attorney/Agent) | 41,738           |
| Signature         |                     | Date                              | December 5, 2003 |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| <b>FEE TRANSMITTAL<br/>for FY 2004</b>   |  | <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i> |                               |
|  |  | <b>C mplete if Kn wn</b>   |                               |
|  |  | Application Number   | To Be Assigned                |
|  |  | Filing Date  | Herewith                      |
|  |  | First Named Inventor   | Aleandro DiGianfilippo et al. |
|  |  | Examiner Name  |                               |
|  |  | Art Unit   |                               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Attorney Docket No.  | BBM-103US                     |
| <b>TOTAL AMOUNT OF PAYMENT</b>   |  | (\$)   | 828                           |

| <b>METHOD OF PAYMENT (check all that apply)</b>  |          |              |          |  | <b>FEE CALCULATION (continued)</b>   |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|--|----------|--------------|----------|--|--|----------------|--------------|---|-----------------|--------------|----------------|--------------|----------|-----------------|----------|--------------------|----------|----------|--------------------|------|------|------|------|-------------------------------------|-------------------|------|--------------------|------|------|--|------------------|------|------|------|------|---------------------------|--------------------|--------------|-------|--------------|-------|--|------------------------|----------|---------------------|----------|----------|--|----|-----------------|--------|------------------------|--------|---|----|------|-----|-----------------------------------|----|--|-----|------|-----|---------------------------------------|-----|---|----|------|-----|--|-----|--|----|------|-------|--|-----|---|--|------|-------|------|----------------|--|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|----------------------------------|--|------|-------|------|-----|------------------------------------|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|----|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None   |          |              |          |  | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |                |              |   |                 | Large Entity |                | Small Entity |          | Fee Description | Fee Paid | Fee Code           | Fee (\$) | Fee Code | Fee (\$)           | 1051 | 130  | 2051 | 65   | Surcharge - late filing fee or oath |                   | 1052 | 50                 | 2052 | 25   | Surcharge - late provisional filing fee or cover sheet |                  | 1053 | 130  | 1053 | 130  | Non-English specification |                    | 1812         | 2,520 | 1812         | 2,520 | For filing a request for <i>ex parte</i> reexamination |                        | 1804     | 920*                | 1804     | 920*     | Requesting publication of SIR prior to Examiner action |    | 1805            | 1,840* | 1805                   | 1,840* | Requesting publication of SIR after Examiner action |    | 1251 | 110 | 2251                              | 55 | Extension for reply within first month |     | 1252 | 420 | 2252                                  | 210 | Extension for reply within second month |    | 1253 | 950 | 2253   | 475 | Extension for reply within third month |    | 1254 | 1,480 | 2254   | 740 | Extension for reply within fourth month |  | 1255 | 2,010 | 2255 | 1,005          | Extension for reply within fifth month |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |
| Large Entity   |          | Small Entity |          | Fee Description  |  |                |              |   |                 | Fee Paid     |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1051   | 130      | 2051         | 65       | Surcharge - late filing fee or oath  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1052   | 50       | 2052         | 25       | Surcharge - late provisional filing fee or cover sheet                     |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1053   | 130      | 1053         | 130      | Non-English specification  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1812   | 2,520    | 1812         | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1804   | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1805   | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1251   | 110      | 2251         | 55       | Extension for reply within first month                                     |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1252   | 420      | 2252         | 210      | Extension for reply within second month                                    |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1253   | 950      | 2253         | 475      | Extension for reply within third month                                     |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1254   | 1,480    | 2254         | 740      | Extension for reply within fourth month                                    |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1255   | 2,010    | 2255         | 1,005    | Extension for reply within fifth month                                     |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1401   | 330      | 2401         | 165      | Notice of Appeal   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1402   | 330      | 2402         | 165      | Filing a brief in support of an appeal                                     |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1403   | 290      | 2403         | 145      | Request for oral hearing   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1451   | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1452   | 110      | 2452         | 55       | Petition to revive - unavoidable   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1453   | 1,330    | 2453         | 665      | Petition to revive - unintentional   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1501   | 1,330    | 2501         | 665      | Utility issue fee (or reissue)   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1502   | 480      | 2502         | 240      | Design issue fee   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1503   | 640      | 2503         | 320      | Plant issue fee  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1460   | 130      | 1460         | 130      | Petitions to the Commissioner  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1807   | 50       | 1807         | 50       | Processing fee under 37 CFR 1.17(q)  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1806   | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 8021   | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) | 40   |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1809   | 770      | 2809         | 385      | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1810   | 770      | 2810         | 385      | For each additional invention to be examined (37 CFR § 1.129(b))           |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1801   | 770      | 2801         | 385      | Request for Continued Examination (RCE)                                    |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1802   | 900      | 1802         | 900      | Request for expedited examination of a design application                  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <input checked="" type="checkbox"/> Deposit Account:<br>Deposit Account Number: 18-0350<br>Deposit Account Name: RatnerPrestia   |          |              |          |  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below<br><input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |          |              |          |  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>FEE CALCULATION</b>   |          |              |          |  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>(\$) 770</b></td></tr> </tbody> </table>  |          |              |          |  | Large Entity   |                | Small Entity |   | Fee Description | Fee Paid     | Fee Code       | Fee (\$)     | Fee Code | Fee (\$)        | 1001     | 770                | 2001     | 385      | Utility filing fee | 770  | 1002 | 340  | 2002 | 170                                 | Design filing fee |      | 1003               | 530  | 2003 | 265  | Plant filing fee |      | 1004 | 770  | 2004 | 385                       | Reissue filing fee |              | 1005  | 160          | 2005  | 80   | Provisional filing fee |          | <b>SUBTOTAL (1)</b> |          |          |  |    | <b>(\$) 770</b> |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid   |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1001   | 770      | 2001         | 385      | Utility filing fee   | 770  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1002   | 340      | 2002         | 170      | Design filing fee  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1003   | 530      | 2003         | 265      | Plant filing fee   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1004   | 770      | 2004         | 385      | Reissue filing fee   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1005   | 160      | 2005         | 80       | Provisional filing fee   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (1)</b>  |          |              |          |  | <b>(\$) 770</b>  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>21</td> <td>-20**</td> <td>=</td> <td>1</td> <td>X</td> <td>Fee from below</td> <td>18</td> <td>=</td> <td>Fee Paid</td> <td>18</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>-3**</td> <td>=</td> <td>0</td> <td>X</td> <td></td> <td></td> <td>=</td> <td>0</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td>=</td> <td>0</td> <td></td> </tr> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>(\$) 18</b></td></tr> </tbody> </table> |          |              |          |  | Total Claims   | 21             | -20**        | = | 1               | X            | Fee from below | 18           | =        | Fee Paid        | 18       | Independent Claims | 3        | -3**     | =                  | 0    | X    |      |      | =                                   | 0                 |      | Multiple Dependent |      |      |  |                  | X    |      |      | =    | 0                         |                    | Large Entity |       | Small Entity |       | Fee Description  | Fee Paid               | Fee Code | Fee (\$)            | Fee Code | Fee (\$) | 1202   | 18 | 2202            | 9      | Claims in excess of 20 |        | 1201  | 86 | 2201 | 43  | Independent claims in excess of 3 |    | 1203                                   | 290 | 2203 | 145 | Multiple dependent claim, if not paid |     | 1204                                    | 86 | 2204 | 43  | ** Reissue independent claims over original patent |     | 1205                                   | 18 | 2205 | 9     | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b>                     |  |      |       |      | <b>(\$) 18</b> |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Total Claims   | 21       | -20**        | =        | 1  | X  | Fee from below | 18           | = | Fee Paid        | 18           |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Independent Claims   | 3        | -3**         | =        | 0  | X  |                |              | = | 0               |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Multiple Dependent   |          |              |          |  | X  |                |              | = | 0               |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Large Entity   |          | Small Entity |          | Fee Description  | Fee Paid   |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| Fee Code   | Fee (\$) | Fee Code     | Fee (\$) |  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1202   | 18       | 2202         | 9        | Claims in excess of 20   |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1201   | 86       | 2201         | 43       | Independent claims in excess of 3  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1203   | 290      | 2203         | 145      | Multiple dependent claim, if not paid                                      |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1204   | 86       | 2204         | 43       | ** Reissue independent claims over original patent                         |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| 1205   | 18       | 2205         | 9        | ** Reissue claims in excess of 20 and over original patent                 |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| <b>SUBTOTAL (2)</b>  |          |              |          |  | <b>(\$) 18</b>   |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
| **or number previously paid, if greater; For Reissues, see above   |          |              |          |  |  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |
|  |          |              |          |  | Other fee (specify) _____<br>*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> <b>(\$) 40</b>  |                |              |   |                 |              |                |              |          |                 |          |                    |          |          |                    |      |      |      |      |                                     |                   |      |                    |      |      |  |                  |      |      |      |      |                           |                    |              |       |              |       |  |                        |          |                     |          |          |  |    |                 |        |                        |        |   |    |      |     |                                   |    |  |     |      |     |                                       |     |   |    |      |     |  |     |  |    |      |       |  |     |   |  |      |       |      |                |  |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |                                  |  |      |       |      |     |                                    |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |    |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |

|                     |                     |                                 |        |           |                                 |  |  |  |  |
|---------------------|---------------------|---------------------------------|--------|-----------|---------------------------------|--|--|--|--|
| <b>SUBMITTED BY</b> |                     |                                 |        |           | <i>Complete (if applicable)</i> |  |  |  |  |
| Name (Print/Type)   | Jacques L. Etkowicz | Registration No. Attorney/Agent | 41,738 | Telephone | (610) 407-0700                  |  |  |  |  |
| Signature           |                     |                                 |        | Date      | December 5, 2003                |  |  |  |  |

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